ortant.	NOV 16 193/ BUREAU	ATE BOARD OF HEALTH  OF VITAL STATISTICS TIFICATE OF DEATH  Do not use this space.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.	_	n District No. 89   37252  Pile No. 246  Registered No. 246  St. Ward)
	(Usual place of abode)  Length of residence in city or town where death occurred yrs.	St., Ward. (If nonresident, give city or town and State)  mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
	PERSONAL AND STATISTICAL PARTICULARS  3. SEX	MEDICAL CERTIFICATE OF DEATH
	F W Single Single	21. DATE OF DEATH (MONTH, DAY, AND YEAR) OC 0 . 1 19
	SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	22. I HEREBY CERTIFY. That I attended deceased from 1937, to Oct. 7, 1937.
	6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  1925 7. AGE YEARS MONTHS DAYS II LESS 6	to have occurred on the date stated above, at 5.30 p. m.
	12 day,	hrs. Date of onse
	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation.	1d Other contributory causes of importance:  Ferferate Ganganaus Cappendentis.
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  ATK	7071/3
	13. NAME Farl Russell 14. BIRTHPLACE (CITY OR TOWN) UNKNOWN	Name of operation Appendictions Date of 10/7/3 What test confirmed diagnosis? Was there an autopsy?
	(STATE ON COOKING)	23. If death was due to external causes (violence), fill in also the following:  Accident, suicide, or homicide?
	15. MAIDEN NAME Latish Holcomb  16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)	Where did injury occur?
	17. INFORMANT Mrs J. N. Goldsmith (ADDRESS) Kennett, No.	Manner of injury
	18. BURIAL, CREMATION, OR REMOVAL PLACE Kennett, Mo., DATE Oct. 9, 19	Nature of injury
AUSE	19. UNDERTAKER Greer Funeral Service (ADDRESS) Poplar Bluff Mo.	If so, specify  (Signed)
٠	20. FILED 107/0 1937 Chartsing	Var. (Address) foglar Bluff, mo

